

SERIAL NUMBER 09/114,962	FILING DATE 07/14/98	CLASS 280	GROUP ART UNIT 3611	ATTORNEY DOCKET NO. AJI-192
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APPLICANT

DAVID BREED, MORRIS COUNTY, NJ.

240/734 Culbreth
CONTINUING DOMESTIC DATA***

VERIFIED THIS APPLN IS A CIP OF 08/101,017 09/16/93

EC 4/8/00

None
371 (NAT'L STAGE) DATA***

VERIFIED

EC 4/8/00

None
FOREIGN APPLICATIONS***

VERIFIED

EC 4/8/00

FOREIGN FILING LICENSE GRANTED 08/03/98

***** SMALL ENTITY *****

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY NJ	SHEETS DRAWING 19	TOTAL CLAIMS 29	INDEPENDENT CLAIMS 4
Verified and Acknowledged <u>EC 4/8/00</u> Examiner's Initials _____		Initials _____			

ADDRESS

~~BRIAN ROFFE~~
~~376 YALE AVENUE~~
~~WOODMERE NY 11598-2051~~

Customer no. 022846

TITLE

SELF-CONTAINED AIRBAG SYSTEM

FILING FEE RECEIVED \$535	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSION
UNITED STATES PATENT AND TRADEMARK
OFFICE

Bib Data Sheet

CONFIRMATION

SERIAL NUMBER 09/114,962	FILING DATE 07/14/1998	CLASS 280	GROUP ART UNIT 3611	A1 DOI A
RULE				

APPLICANTS

DAVID BREED, MORRIS COUNTY, NJ;

** CONTINUING DATA *****

THIS APPLICATION IS A CIP OF 08/101,017 09/16/1993 PAT 5,842,716

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 08/03/1998

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NJ	SHEETS DRAWING 19	TOTAL CLAIMS 29	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after	EXAMINER'S SIGNATURE <i>Eve Culberts</i>	INITIALS <i>EL</i>		
Verified and Acknowledged				

ADDRESS

22846
BRIAN ROFFE, ESQ
366 LONGACRE AVENUE
WOODMERE, NY
11598

TITLE

SELF-CONTAINED AIRBAG SYSTEM

FILING FEE

RECEIVED
553FEES: Authority has been given in Paper
No. _____ to charge/credit DEPOSIT ACCOUNT
No. _____ for following:

<input type="checkbox"/> All Fees
<input type="checkbox"/> 1.16 Fees (Filing)
<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
<input type="checkbox"/> 1.18 Fees (Issue)
<input type="checkbox"/> Other _____
<input type="checkbox"/> Credit